

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100  
TDD (916) 322-1700  
TELEPHONE (916) 322-3350

**APPLICATION FOR INTERIM PERMIT**

1. READ ALL DETAILED INSTRUCTIONS.
2. SUBMIT WITH YOUR APPLICATION FOR LICENSURE BY EXAMINATION.
3. Submit the APPROPRIATE FEE. (See Application Fee Schedule for Licensure by Examination)  
Please submit a check or money order in US currency only.  
**Do not send cash.**
4. Interim permits will not be issued until you are found eligible to be scheduled for the examination.  
An interim permit will not be mailed to an In-Care-Of-Address.
5. IF EDUCATED OUTSIDE THE U.S. AND YOU ARE NOT LICENSED IN YOUR COUNTRY,  
YOU ARE NOT ELIGIBLE FOR AN INTERIM PERMIT.

FOR OFFICE USE ONLY

Roster checked \_\_\_\_\_  
Complete Date \_\_\_\_\_

Print or Type:

1. NAME: Last First Middle			Previous Names(s):
2. ADDRESS OF RECORD: Number and Street		City	State Zip Code
3. BIRTHDATE:  Month Day Year	4. SOCIAL SECURITY NUMBER:	5. TELEPHONE NUMBER: Home Work	
6. NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:		7. YEARS ATTENDED:  _____ to _____	
8. LOCATION: City State (Country)		9. GRADUATION DATE:  Month Day Year	
10. Have you ever taken the RN licensing examination in another state in the U.S.?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, you are NOT eligible for an interim permit.			

"A permittee shall practice under the direct supervision of a registered nurse who shall be present and available on the patient care unit during all time the permittee is rendering professional services..." Section 1414(c), Title 16, California Code of Regulations.

I certify, under penalty of perjury under the laws of the State of California, that the information provided in connection with this Interim Permit application is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_